

HOUSE BILL REPORT

SSB 5360

As Passed House - Amended:

April 14, 2009

Title: An act relating to community health care collaborative grants.

Brief Description: Establishing a community health care collaborative grant program.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Brandland, Franklin, Murray, Brown, Ranker, Fraser, Parlette and Kohl-Welles).

Brief History:

Committee Activity:

Health Care & Wellness: 3/24/09, 3/26/09 [DPA];

Ways & Means: 4/2/09, 4/4/09 [DPA(HCW)].

Floor Activity

Passed House - Amended: 4/14/09, 97-0.

Brief Summary of Substitute Bill (As Amended by House)

- Establishes a community health care collaborative grant program operated by the Health Care Authority.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 13 members: Representatives Cody, Chair; Driscoll, Vice Chair; Ericksen, Ranking Minority Member; Bailey, Campbell, Clibborn, Green, Herrera, Hinkle, Kelley, Moeller, Morrell and Pedersen.

Staff: Dave Knutson (786-7146)

HOUSE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended by Committee on Health Care & Wellness. Signed by 22 members: Representatives Linville, Chair; Ericks, Vice Chair; Alexander, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Dammeier, Assistant

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Ranking Minority Member; Chandler, Cody, Conway, Darneille, Haigh, Hinkle, Hunt, Hunter, Kagi, Kenney, Kessler, Pettigrew, Priest, Ross, Schmick, Seaquist and Sullivan.

Staff: Chris Blake (786-7392)

Background:

The Community Health Care Collaborative (CHCC) Grant Program (Program) provides support for community-based organizations to develop local health care delivery models that could be duplicated throughout the state. The Program seeks to increase access to health care and improve the quality of care, especially to uninsured and underinsured persons. The Washington State Health Care Authority (HCA) has provided competitive grant awards to eligible community-based organizations, in consultation with the Department of Health, the Department of Social and Health Services, and the Office of the Insurance Commissioner. The Program became effective in July 2006 and is due to expire on June 30, 2009.

In an evaluation of the program issued in 2008, results showed that the CHCC had provided services to over 60,000 people who needed access to health care. It also provided for the coordination of volunteer medical services and an ability to leverage outside funding. The report recommended a continued state role of supporting and sustaining community-based health care collaboratives.

Summary of Amended Bill:

The CHCC Program is established to further efforts of community-based coalitions to increase access to appropriate, affordable health care, especially for employed, low-income persons and children in school who are uninsured and underinsured. The HCA is authorized to award two-year grants with funds appropriated for this purpose. Eligibility criteria for receiving grants is described for applicants serving a defined geographic region. The grants will be awarded competitively based on each applicant's ability to show measurable improvement in health care access and quality, collaboration with key community partners, including public health and safety networks, success in leveraging funds from other sources, sustainability, and innovative approaches to serving their geographic region.

On July 1 of each even-numbered fiscal year, the HCA must provide the Governor and the Legislature with an evaluation of the Program, including its impact, results of performance measures, and recommendations.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony (Health Care & Wellness):

(In support) This Grant Program has provided valuable coordination at the local level to improve the efficiency of the health care system and to help uninsured individuals find health care. Funding ends on June 30, 2009, and this is a valuable program that should be continued.

(Opposed) None.

Staff Summary of Public Testimony (Ways & Means):

(In support) There are two federal bills that could provide funding for community collaborative programs. The state's initial investment in the programs was well spent in that it leveraged a five to one return on every state dollar invested; inappropriate emergency department usage has been reduced; and almost \$5 million of volunteer medical services were provided.

(Opposed) None.

Persons Testifying (Health Care & Wellness): Senator Keiser, prime sponsor; Holly Greenwood, Community Connect; Sue Sharpe, St. Luke's Foundation; David Lynch, Family Care Network; Ken Oplinger, Whatcom/Bellingham Chamber of Commerce; Kirsten Wyses, Public Health Seattle-King County; and Steve Albrecht, Thurston County Project Access.

Persons Testifying (Ways & Means): Holly Greenwood, Communities Connect.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): None.

Persons Signed In To Testify But Not Testifying (Ways & Means): None.